diagnostics and therapies, local availability of medical, surgical and radiological treatment as well as a stable online video connection. The iMDTB has a significant impact not only on multidisciplinarity of cancer management in the cooperating institutions but also on social values and education of the participants.

Disclosures None.

139 CENTRE OF HEREDITARY BREAST AND OVARIAN CANCER AT CHARITÉ – WHO PRESENTS FOR COUNSELING AND WHY?

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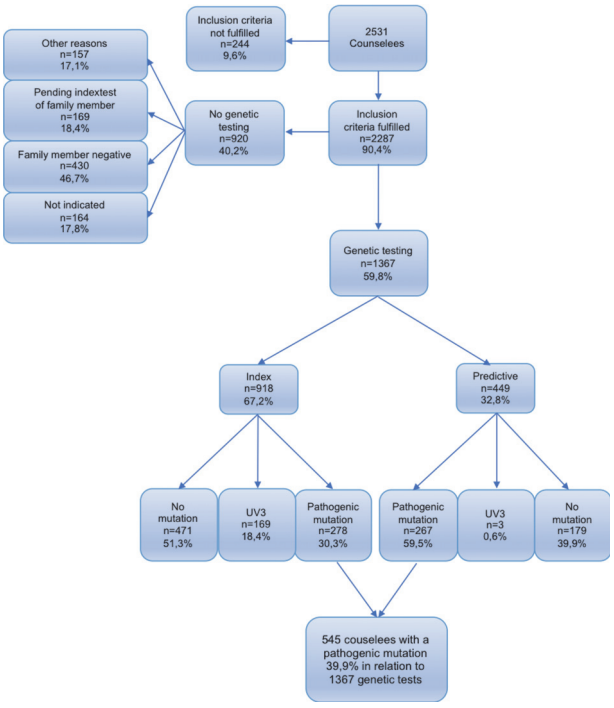
Introduction/Background Since the discovery of the BRCA-genes the knowledge about genetic risk factors for breast and ovarian cancer has multiplied. About 5–10% of all breast cancers and 15–20% of all ovarian cancers are caused by pathogenic mutations in different risk genes. Therefore, the Centre of Hereditary Breast and Ovarian Cancer at Charité offers as one of 20 centres in Germany genetic counseling. The extensive data of the counselees was now evaluated for the first time. The aim of this study was to ease the preparation for counseling sessions and gather information for more individualized counseling.

Methodology Data from 2531 counselees at the Charité-Centre from 2016 and 2017 were evaluated retrospectively. Special emphasis was laid on sociodemographic data and the results of genetic testing. Finally, the mutation frequencies were analyzed in different subgroups.

Results The 2531 counselees were almost exclusively female (n = 2493; 98.5%), 42.9 years old on average and came to the centre for the first time (n = 2198; 86.8%). 2287 (90.4%) counselees met the inclusion criteria for genetic testing. Of these, 863 (37.7%) were already diagnosed with breast or ovarian cancer. 1367 (59.8%) were genetically tested, 918 (67,2%) as index patients and 449 (32,8%) predictively. Mutations were detected in 545 (39.9%) tested persons. Most mutations were detected in BRCA1, BRCA2, CHEK2 and ATM. The highest mutation frequency was found among persons from families with both breast and ovarian cancer and in patients with TNBC. A significant correlation was found between mutation frequency in TNBC and age at first diagnosis (figure 1).

Abstract 139 Table 1 Cancer specifics and age at first diagnosis

	Counselees who met the inclusion criteria	
	n=2287	(100%)
Malignant tumor disease		
No tumor	1387	(60,6%)
Breast cancer	787	(34,4%)
ER/PgR/HER2-positive	562	(24,6%)
triple-negative	180	(7,9%)
DCIS	41	(1,8%)
male breast cancer	4	(0,2%)
Ovarian cancer	76	(3,3%)
Other malignant tumor disease	37	(1,6%)
Age at first diagnosis, mean in years		
Breast cancer	44,4	(24-83 years)
Ovarian cancer	50,8	(17-75 years)



Abstract 139 Figure 1 Flow chart of the results of the genetic testing

Conclusion In summary, the collective of counselees at the Charité- Center was described for the first time. The results provide doctors with a comprehensive overview of the counselees, enabling by that an even more individualized counseling and more focused preparation for the consultation.

The findings contribute to maintaining the high quality of the genetic counseling at the Centre for Familial Breast and Ovarian Cancer at the Charité (table 1).

Disclosures No conflict of interest.

241 WHEN MDT INTERDISCIPLINARITY ENHANCES STRINGENCY AND PROFESSIONAL QUALITY; AN ANALYSIS OF MULTI-DISCIPLINARY TEAM CONFERENCES

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Introduction/Background In 2016 the Danish Multidisciplinary Cancer Group's (DMCG) national Multidisciplinary Team (MDT) working committee established recommended quality standards in Danish healthcare.

This current study investigates the status of implementation of the guideline published in 2016 amongst the clinicians who